

POLLING SITE ACCESSIBILITY SUMMARY

(Please complete both pages of this form)

County: _____

Person completing form: _____

Phone number: _____

Fax number: _____

Email address: _____

Date summary completed: _____

1. Total number of polling sites in county: _____

2. Total number of polling sites **not** surveyed: _____

3. Total number of polling sites found to be **accessible** *: _____

4. Total number of polling sites found to be **inaccessible**: _____

5. Of those polling sites found to be inaccessible, how many will be permanently or temporarily altered? (Please list the polling site name, address, precinct number, and the modifications needed on the second page of this form.) _____

6. Of those polling sites found to be inaccessible, how many will be relocated ? (Please list the polling site name, address, and precinct number on the second page of this form.) _____

NOTE: THE SUM OF #5 AND #6 MUST EQUAL #4.

7. Of those polling sites found to be **inaccessible**, how many are inaccessible due to:

a. Parking _____

b. The route to the building _____

c. The route inside the building _____

d. Doors _____

8. Prior to election day, will public notice of the accessibility or Yes _____

No _____

inaccessibility of the polling sites be provided as required by
28 CFR § 35.106?

** Accessible is defined as meeting all the requirements outlined on the polling site accessibility checklist.*

County: _____

Polling site name and address: _____

Precinct No. _____ Type of building _____

Modifications needed to bring site into compliance: _____

Polling site name and address: _____

Precinct No. _____ Type of building _____

Modifications needed to bring site into compliance: _____

Polling site name and address: _____

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